

# POLICY AND COMMUNICATIONS BULLETIN

## THE CLINICAL CENTER

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Medical Administrative Series

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M90-8 (rev.)

4 October 2000

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### MANUAL TRANSMITTAL SHEET

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SUBJECT: Reciprocal Credentialing of Consultants  
from other Institutions

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1. Explanation of Material Transmitted: This issuance contains the policy of the Medical Executive Committee that allows consultants from certain other institutions to be credentialed to practice at the Clinical Center based on the credentialing mechanisms of those institutions. The policy was reviewed by the Medical Executive Committee on 3 October 2000 and approved with no changes.
2. Material Superseded: MAS No. 90-8 (rev.), dated 3 June 1997
3. Filing Instructions: Medical Staff Section

Remove: No. 90-8 (rev.), dated 3 June 1997

Insert: No. M90-8 (rev.), dated 4 October 2000

### DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in  
Patient Care

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## THE CLINICAL CENTER

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Medical Administrative Series

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M90-8 (rev.)

4 October 2000

SUBJECT: Reciprocal Credentialing of Consultants  
from Other Institutions

### PURPOSE

To set forth the policy of the Medical Executive Committee regarding the acceptance of credentials verification by other sponsoring institutions for consultants from those institutions who are to provide direct patient care at the Clinical Center (CC).

### POLICY

The Medical Executive Committee and the Director, CC, may accept the credentials of a candidate for consultant staff membership as verified by another institution, if the credentialing mechanism of that institution has been examined by the CC Credentials Committee and the Medical Executive Committee and has been accepted by the Medical Executive Committee.

### PROCEDURE

There are circumstances in which programs are formally established with local health care institutions to provide a specific consultative service under contract or agreement with the CC. In such cases, the CC requests the provision of a service rather than specifying individuals to provide that service. In other cases, the CC has an established history of requesting expert consultative services from specific individuals associated with certain known local health care institutions.

It is likely that many individuals might be available at such health care institutions, but it would not be possible to state if and when a particular individual would be called upon to provide the needed consultative service. It would be impractical to subject all of the individuals to the CC's formal credentialing process, yet there would not be time to fully review, privilege, and credential a specific consultant at the time the service is required.

The Medical Executive Committee has decided, therefore, that there is no need to duplicate the credentialing process in such circumstances if the individual has applied for and been granted clinical privileges by his/her "home" institution, provided that the Medical Executive Committee, through its Credentials Committee, has examined that institution's credentialing process and found it to be of a level of rigor comparable to that of the CC, and provided further that the institution has been accredited by the Joint Commission on Accreditation of Healthcare Organizations and the institution's credentialing process met the JCAHO standards at the time of their last survey.

Therefore, upon a request from a sponsoring Institute or CC clinical department, the Credentials Committee shall examine an institution's credentialing process with a view toward accepting that process in the granting of reciprocal, equivalent clinical privileges at the CC. The Credentials Committee shall contact the appropriate office(s) at the institution in question, to request permission to examine their policy and procedures for granting clinical privileges. If, in the judgment of the members, those procedures are appropriate, rigorous, and complete, the Committee may recommend to the Medical Executive Committee that persons credentialed by that institution be accepted with equivalent clinical privileges to provide direct patient care consultative services at the CC. The Medical Executive Committee may request a presentation by the Chair, Credentials Committee, and/or an appropriate representative of the outside institution prior to issuing a decision regarding approval. If an institution's procedure is approved, health care providers from that institution may be granted equivalent, reciprocal clinical privileges at the CC. Such actions require a signed memorandum from a member of the CC Senior Medical Staff that identifies the consultant, the specific patient care services to be provided, and the actual date or period of time when the services are to be provided. The memorandum must be signed as approved by the senior staff member's Branch Chief or Clinical Director. In addition, the

consultant's home institution must provide a letter that certifies the individual in question is a member in good standing of their medical staff (including the expiration date of the current medical staff appointment), has equivalent clinical privileges to those required at the Clinical Center, and is qualified to provide the consultative services requested.

If an individual is to provide recurring consultative services over an extended period, then he/she should complete the formal Clinical Center credentialing process for a full two-year term of appointment to the active Clinical Center Medical Staff. The authorization of privileges through reciprocal credentialing is to be used for low-volume, non-recurring, consultative patient care. If an individual consultant provides consultative services seven or more times over a twelve-month period, he/she must apply for a permanent appointment to the Clinical Center Medical Staff.